

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02968

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>203 Somerset Ave.</u>		STREET ADDRESS <u>203 Somerset Ave.</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>GRACE</u>	(Middle) <u>OLEVIA</u>	(Last) <u>CARTER</u>
4. DATE OF DEATH	(Month) <u>Mar.</u>	(Day) <u>16,</u>	(Year) <u>1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 22, 1895</u>
9. AGE last birthday <u>~ 56</u> yrs.		If under 1 year: Months <u>5</u> Days <u>9</u> Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John W. Riggia</u>	
14. MOTHER'S MAIDEN NAME <u>Grace Sterling</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>203 Somerset Mrs. Helen Garrison--Crisfield, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) carcinoma of uterus

INTERVAL BETWEEN ONSET AND DEATH

4 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)

SUICIDE
HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14, 1951, to Mar. 16, 1951, that I last saw the deceased

alive on Mar. 14, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mar. 17, 1951

Betty Massey

Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1961
MILWAUKEE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02969

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>East Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, East Princess Anne</u>	
TOWN <u>Hyems</u>		TOWN <u>Rural, East Princess Anne</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>East Princess Anne, Rt 2.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Willis Cottman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7 1906</u> <u>44</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill, labor</u>		11. BIRTHPLACE (State or foreign country) <u>Somerset Co, Md</u>	
13. FATHER'S NAME <u>Sidney Cottman</u>		14. MOTHER'S MAIDEN NAME <u>Annie Stevenson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>212-14-4581</u>	
17. INFORMANT AND ADDRESS <u>Annie Cottman Prim Anne Rt 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Chronic Myocarditis</u>		<u>4 months</u>
Antecedent cause(s) (b) <u>422.2</u> <u>93d</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 15th 1950, to March 20th 1951, that I last saw the deceased alive on March 17, 1951, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE <u>George S. Mawman</u>		ADDRESS <u>Princess Anne, Md.</u>		DATE SIGNED <u>3.21.51</u>	
23. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>		DATE THEREOF <u>3-25-51</u>		NAME OF CEMETERY OR CREMATORY <u>West End office, Md</u>	
LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR		ADDRESS	
DATE REC'D BY LOCAL REG. <u>3/22/51</u>		REGISTRAR'S SIGNATURE <u>R. E. Johnson, M.D.</u>		ADDRESS <u>William H. James Jr. Princess Anne, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

690307

RECEIVED
MAR 20 1961
MILWAUKEE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

02970

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Somerset COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS R.F.D.#1 (If rural, give location)	
3. NAME OF DECEASED (Type or Print) L. (First) NATHANIEL (Middle) COX (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1951 19	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Oct. 14, 1872
9. AGE last birthday 78 yrs.		10. If under 1 year Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11b. KIND OF BUSINESS OR INDUSTRY Farming	
12. BIRTHPLACE (State or foreign country) Fairmount, Maryland		13. CITIZEN OF WHAT COUNTRY?	
14. FATHER'S NAME William Cox		15. MOTHER'S MAIDEN NAME Henrietta Adams	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY No.	
18. INFORMANT AND ADDRESS William S. Cox---Crisfield Rt.#1			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral hemorrhage to hemiplegia right side.

INTERVAL BETWEEN ONSET AND DEATH

5 days

Antecedent cause(s)

(b) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 25, 1951, to March 2, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 12⁰⁰ P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 5, 1951	NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	LOCATION (City, town, or county) Crisfield, Maryland	(State)
DATE REC'D BY LOCAL REG. 3/5/51	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield		

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02971

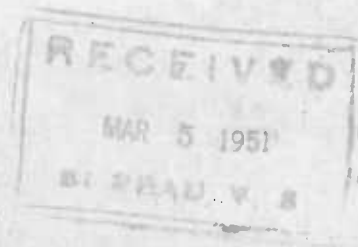
Reg. Dist. No. 360

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Monie</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Monie</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>at home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Celiah</u> (Middle) <u>Lila</u> (Last) <u>Dashiell</u>	4. DATE OF DEATH	(Month) <u>March</u> (Day) <u>2</u> (Year) <u>1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 28, 1883</u> 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Tubman Heath</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Hopkins</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT AND ADDRESS <u>Mr Elmer Dashiell Monie, Maryland</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Cerebral Hemorrhage</u>			
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arteriosclerosis</u>			
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/2</u> , 19 <u>17</u> , to <u>3/2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/2</u> , 19 <u>51</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Princess Anne, Md.</u>	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>3-4-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Oriole Cemetery</u>	LOCATION (City, town, or county) (State) <u>Oriole, Maryland</u>
DATE REC'D BY LOCAL REG. <u>3/4/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Princess Anne, Maryland</u>	ADDRESS

MARGIN RESERVED FOR BINDING

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VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

02972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>M. E. Cready Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Jacksonville Road</u>	
3. NAME OF DECEASED (First) <u>John</u> (Middle) <u>L.</u> (Last) <u>Daugherty</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 12, 1887</u> 63 yrs. 9. AGE last birthday <u>9</u> Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward H. Daugherty</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Blair</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>William B. Daugherty, Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Uremia acute del of heart

INTERVAL BETWEEN ONSET AND DEATH

10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic del nephritis chronic hypertension2 years(c) Diabetic mellitus3 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

General arterio sclerosisyes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

HOMICIDE

no

INJURY

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

While at

Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to March 21, 1951, that I last saw the deceasedalive on March 21, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL-CREATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/24/51Betty MasseyEdward L. Brington, Crisfield, Md.March 23-51

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02973

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>UPPER FAIRMOUNT</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>UPPER FAIRMOUNT</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>UPPER FAIRMOUNT</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Carl M. Dorsey</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>Mar. 13</u> 19 <u>51</u>	(Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>68</u> yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
13. FATHER'S NAME <u>George Dorsey</u>	14. MOTHER'S MAIDEN NAME <u>Virginia Layfield</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Milfred Dorsey</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>Previous Hemiplegia</u>	<u>4 hrs.</u>
Antecedent cause(s) <u>Hypertension (Essential)</u>			<u>none</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dead on arrival 1951, to 10/2/50, 1951, that I last saw the deceased alive on 10/2/50, 1951, and that death occurred at UPPER FAIRMOUNT m., from the causes and on the date stated above.

SIGNATURE <u>Dr. W. H. Wheeler M.D.</u>		ADDRESS <u>Princeton Ave</u>		DATE SIGNED <u>3/14/51</u>
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 15, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Private Cemetery</u>	LOCATION (City, town, or county) <u>UPPER FAIRMOUNT MD</u>	(State)
DATE REC'D BY LOCAL REG. <u>3/15/51</u>	REGISTRAR'S SIGNATURE <u>L. R. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Harry B. Miles</u>	ADDRESS <u>UPPER FAIRMOUNT MD</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 16 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **261**

02974

1. PLACE OF DEATH COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Westover		CITY (If outside corporate limits, write RURAL and give nearest town) Westover	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1		STREET ADDRESS (If rural, give location) RFD #1	
3. NAME OF DECEASED (Type or Print) FLORIDA GREEN EBY		4. DATE OF DEATH March 2, 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12, 1860
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 90 yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Eva Pusey, Pocomoke, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) **Acute Dist of Heart****1 month**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Chronic Dist regular chronic myocardial****1 yr**

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.**Immune arthritis**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 10, 1951**, to **Mar 2, 1951**, that I last saw the deceasedalive on **Mar 1, 1951**, and that death occurred at **7 P.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/5/51**Betty Massey****Henry H. Watson, Pocomoke, Md.****3/5/51**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

02975

1. PLACE OF DEATH COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kingston</u> TOWN <u>Kingston</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kingston Road</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kingston</u> TOWN <u>Kingston</u> STREET ADDRESS (If rural, give location) <u>Kingston Road</u>	
3. NAME OF DECEASED (Type or Print) <u>John Edward Gorsuch</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>March 26</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan. 18, 1867</u> 84 yrs. <u>2</u> Months <u>8</u> Days
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Glencoe, Balto. Md.</u>
13. FATHER'S NAME <u>Thomas Talbot</u>		14. MOTHER'S MAIDEN NAME <u>Lempe Mays</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>T. Talbot Gorsuch</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute del Heart muscleINTERVAL BETWEEN ONSET AND DEATH
3 weeks

Antecedent cause(s)

(b) Chronic myocardial infarction
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last2 years

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

General arteriosclerosis5 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Mar. 26, 1951, that I last saw the deceasedalive on Mar. 26, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Mar. 28, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Andrew's</u>	LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>
DATE REC'D BY LOCAL REG. <u>3/22/51</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Shirley D. Coington, Annapolis</u>	ADDRESS <u>100105 Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1955
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02976

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Virginia</u> <u>Richmond</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Farmham</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>7 Paper Street</u>		STREET ADDRESS <u>Farmham P. O.</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>RANDOLPH</u> (Middle) <u>JACKSON</u> (Last)		4. DATE OF DEATH <u>Mar. 24, 1951</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 11, 1880</u>
9. AGE last birthday <u>70</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Farmham, Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>19</u>
13. FATHER'S NAME <u>Charles W. Jackson</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO. <u>228-14-4727</u>	
17. INFORMANT AND ADDRESS <u>Garnet Greene---</u>		7 Paper St. <u>Crisfield, Md.</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Acute myocardial failure</u>			<u>1 day</u>
(b) Antecedent cause(s) <u>Arteriosclerotic Heart Disease</u>			<u>years</u>
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Generalized Arteriosclerosis</u>			<u>..</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/22</u> , 19 <u>51</u> , to <u>3/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>51</u> , and that death occurred at <u>10:40 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Harry Motley, M.D.</u>		ADDRESS <u>Crisfield, Md.</u> DATE SIGNED <u>3/27/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Mar. 27, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Lanapolis Cemetery</u>		LOCATION (City, town, or county) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REG. <u>3/27/51</u>		24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors, Crisfield</u>	
REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105



02977

CERTIFICATE OF DEATH

Reg. Dist. No...265.....

1. PLACE OF DEATH - COUNTY <u>Tangier Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>South Dakota</u> COUNTY _____	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN _____		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>White</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		STREET ADDRESS _____ (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>DALE</u>	(Middle) <u>HARLOWE</u>	(Last) <u>JORSTAD</u>
4. DATE OF DEATH	<u>Mar.</u>	<u>15</u>	<u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) _____	8. DATE OF BIRTH <u>12-17-20</u>
9. AGE last birthday <u>20 yrs.</u>	If under 1 year Months _____ Days _____	If under 24 hrs. Hours _____ Min. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>
11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? _____	13. FATHER'S NAME <u>Hermer Jorstad</u>	14. MOTHER'S MAIDEN NAME <u>unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. <u>U.S. Navy</u>	17. INFORMANT AND ADDRESS <u>V.S. Navy - Norfolk, Virginia</u>	18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Drowned</u>			
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>3-15-51</u>			
(c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Injury</u>	(CITY OR TOWN) <u>Tangier</u>	(COUNTY) <u>Somerset Co.</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) <u>3-15-51</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell from small boat while going to shore from large boat. (Dep. Med. Exam.) 11-2-51 as</u>	
22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS _____ DATE SIGNED _____			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>Apr. 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>South Dakota Cem.</u>	LOCATION (City, town, or county) (State) <u>White, South Dakota Maryland</u>
DATE REC'D BY LOCAL REG. <u>4/20/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Blatchow General Purlos, Curfield</u>	ADDRESS _____

RECEIVED
APR 23 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02978

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH - COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>At Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Tunie</u>	(Middle) <u>Maude</u>	(Last) <u>Long</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>24</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11, 1877</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George A. Dryden</u>		14. MOTHER'S MAIDEN NAME <u>Priscilla Gibbons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mr Vernon Long Princess Anne, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Enlarged Heart

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Sclerosis of Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 15 years to 19, that I last saw the deceasedalive on 3/24, 1947, and that death occurred at 9:00 m., from the causes and on the date stated above.SIGNATURE P. Smith

(Degree or title)

ADDRESS Princess Anne, MdDATE SIGNED 3/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-27-1951</u>	<u>St. Andrew Cemetery</u>	<u>Princess Anne, Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/27/51</u>	<u>R. S. Johnson, M.D.</u>	<u>Lucius B. Wilson</u>	<u>Princess Anne, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02979
Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>28 McKinley's Wharf</u>		STREET ADDRESS (If rural, give location) <u>28 McKinley's Wharf</u>	
3. NAME OF DECEASED (Type or Print) <u>BENNY</u> (First) <u>MATTHEWS</u> (Last)		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 4, 1888</u>
9. AGE last birthday <u>62</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Mln. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>seafood industry</u>	
11. BIRTHPLACE (State or foreign country) <u>Pocomoke, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John Matthews</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Stella Matthews- 28 McKinley's Wharf</u>		18. MEDICAL CERTIFICATION <u>Crisfield, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Arterio Sclerosis

Antecedent cause(s)

(b)

Heart Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐ (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 1951, that I last saw the deceased

ally on Mar. 6, 1951, and that death occurred at 28 McKinley's Wharf, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Mar. 6, 1951

NAME OF CEMETERY OR CREMATORY Lawson Cemetery

LOCATION (City, town, or county) Crisfield

(State) Md.

DATE REC'D BY LOCAL REG. 3/6/51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors

ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

970636



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

02980

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pocomoke		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural		STREET ADDRESS Rural	
3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) AVERY (Last) MELVIN		4. DATE OF DEATH (Month) (Day) (Year) March 5, 1951 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John S. Melvin		14. MOTHER'S MAIDEN NAME Mary Twilley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Owen Melvin, RFD, Pocomoke, Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a)	Acute Coronary Thrombosis		2 hrs.
Antecedent cause(s)			
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterio-sclerotic Cardio-Vascular Disease		10 Yrs.
(c)	Senility		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to March 4, 1951, that I last saw the deceased

alive on March 4, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/7/51	Salem Methodist Cem.	Pocomoke, Md.	

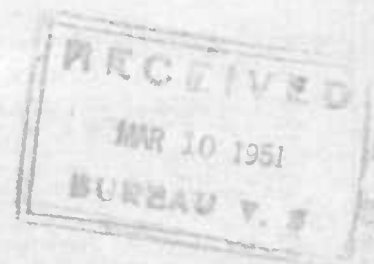
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7, 1951	Mrs. Ornela W. Boyner	Henry H. Watson,	Pocomoke, Md.

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02981

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>201 Richardson Ave.</u>		STREET ADDRESS (If rural, give location) <u>201 Richardson Ave.</u>	
3. NAME OF DECEASED (First) <u>EDWARD</u> (Middle) <u>G.</u> (Last) <u>TOWNSEND</u>		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>19</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 9, 1874</u>
9. AGE last birthday <u>77</u> yrs.	If under 1 year Months <u></u> Days <u></u>	If under 24 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City employee</u>	
11. BIRTHPLACE (State or foreign country) <u>Hamtown, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13. FATHER'S NAME <u>Joshua Townsend</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs. Ella Townsend-201 Richardson Ave</u>		<u>Crisfield, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Stenosis of larynx due to

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

bilateral abductor paralysis from lesion of Central Nervous System.II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF injury bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 6, 1949, to March 19, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>burial</u>	<u>Mar. 21, 1951</u>	<u>Sunnyridge Cemetery</u>	<u>Crisfield, Maryland</u>	
DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/21/51</u>	<u>Betty W. Tyler</u>	<u>Bradshaw Funeral Parlors, Crisfield</u>		

970 936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02982

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Princess Anne		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Princess Anne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Victoria	(Middle) Q	(Last) Trader
4. DATE OF DEATH	(Month) March	(Day) 26	(Year) 1951
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1877
9. AGE last birthday 74 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Outten		14. MOTHER'S MAIDEN NAME Mary Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service) no		17. INFORMANT AND ADDRESS Mrs. J. Edward White Pr. Anne, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x Immediate cause

(a)

Myocardial Failure (acute)

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

46x

Antecedent cause(s)

(b)

Carcinoma Descending colon

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

Feb. 1950

Obstruction

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1951, to 3/26, 1951, that I last saw the deceased

alive on 3/26, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 3/29/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

